



Department of Medical Assistance Services
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Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: Out of State Psychiatric Residential Treatment Facility (RTC) Level C, Out of State Durable Medical Equipment (DME), Out of State Orthotics, Out of State Podiatrists, Out of State Prosthetics, Out of State Home Health, Out of State Physicians, Out of State Hospitals, Out of State Independent Laboratories, Out of State Laboratories, Out of State Dental, Out of State Rehab Hospitals, Out of State Rehab Agencies Participating in the Virginia Medical Assistance Program and Managed Care Organizations

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 2/6/2013

SUBJECT: Notification of a Procedural Change for Out of State Providers Submitting Requests for Service Authorization Through KePRO — *Effective March 1, 2013*

The purpose of this memorandum is to notify out of state providers who submit Virginia Medicaid service authorization requests to Keystone Peer Review Organization (KePRO), DMAS' service authorization contractor, and any other entity to include, but not limited to, DMAS and the Department of Behavioral Health and Developmental Services (DBHDS) providing service authorizations for the services listed in this memo, of a change in the policy and procedure for out of state requests. Out of State Providers are defined as those providers that are either physically outside the borders of the Commonwealth of Virginia or do not provide year end cost settlement reports to DMAS. Procedures and/or services may be performed out of state only when it is determined that they cannot be performed in the Commonwealth of Virginia because one of the below indications is met.

Effective March 1, 2013, out of state providers need to determine and document evidence that one of the following items is met on the dates the service is requested, and at the time the service authorization request is submitted to the service authorization contractor:

1. The medical services must be needed because of a medical emergency;
2. Medical services must be needed and the recipient's health would be endangered if he were required to travel to his state of residence;
3. The state determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other state;
4. It is the general practice for recipients in a particular locality to use medical resources in another state.

Services provided out of state for circumstances other than these specified reasons shall not be covered. Please refer to 12VAC30-10-120 and 42 CFR 431.52.

The chart below indicates the services that will be impacted if provided by an out of state provider:

Outpatient Services	Service Type	Comments
Durable Medical Equipment (DME)	0100	N/A
Orthotics	0092	N/A
Prosthetics	0303	N/A
Home Health	0500	N/A
Non-Emergency Outpatient (NEOP) MRI , PET, CAT Scans	0450, 0451, 0452	Any MRI, CAT or PET scan conducted on planned outpatient basis must be authorized prior to service being provided. ONLY scans done as part of inpatient hospitalizations or as part of Emergency Room visits are excluded from service authorization.
Rehab Agencies	0204	N/A
Behavioral Health Services	Service Type	Comments
Psychiatric Residential Treatment Facility (RTC) Level C	0750, 0751	N/A
Inpatient Services	Service Type	Comments
Hospital Inpatient Intensive Rehabilitation	0200	Provider Class Type 085
Dental	Service Type	Comments
Dental/Oral Surgery	0302	Any out of state Oral Surgeons billing Medicaid using non-CDT codes will require service authorization.
Medical Support Services Moved to the Service Authorization Contractor effective 4/1/12	Service Type	Comments
Organ Transplant Services	0300	Procedural change effective 4/1/12, Refer to Medicaid Memo dated 3/9/12
Surgical Procedures	0302	Procedural change effective 4/1/12, Refer to Medicaid Memo dated 3/9/12
Prosthetics	0303	Procedural change effective 4/1/12, Refer to Medicaid Memo dated 3/9/12
Medical Device Services/Maintenance	0304	Procedural change effective 4/1/12, Refer to Medicaid Memo dated 3/9/12

Providers may refer to the appropriate manual appendix for additional service authorization details on out of state providers and service authorization requests. The manuals are available on the DMAS web portal.

All providers must be enrolled in the Commonwealth of Virginia Medicaid program in order to participate and receive service authorizations. Out of state providers may enroll with Virginia Medicaid by going to <https://www.viriniamedicaid.dmas.virginia.gov/wps/myportal/ProviderEnrollment>. At the toolbar at the top of the page, click on *Provider Services* and then *Provider Enrollment* in the drop down box. It may take up to 10 business days to become a Virginia participating provider.

Failure to acquire a service authorization for services requiring an authorization may result in non payment for the services rendered.

Methods of Submission to KePRO

All submission methods and procedures are fully compliant with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state privacy and security laws and regulations. Providers will not be charged for submission, via any media type, for service authorization requests submitted to KePRO.

KePRO accepts service authorization (srv auth) requests through direct data entry (DDE), fax and phone. Submitting through DDE puts the request in the worker queue immediately; faxes are entered by the administrative staff in the order received. For direct data entry requests, providers must use Atrezzo Connect Provider Portal. For DDE submissions, service authorization checklists may be accessed on KePRO's website to assist the provider in assuring specific information is included with each request. To access Atrezzo Connect on KePRO's website, go to <http://dmas.kepro.com>.

Provider registration is required to use Atrezzo Connect. The registration process for providers happens immediately on-line. From <http://dmas.kepro.com>, providers not already registered with Atrezzo Connect may click on "Register" to be prompted through the registration process. Newly registering providers will need their 10-digit National Provider Identification (NPI) number and their most recent remittance advice date for YTD 1099 amount. The Atrezzo Connect User Guide is available at <http://dmas.kepro.com> : Click on the *Training* tab, then the *General* tab. Providers with questions about KePRO's Atrezzo Connect Provider Portal may contact KePRO by email at atrezzoissues@kepro.com. For service authorization questions, providers may contact KePRO at providerissues@kepro.com. KePRO may also be reached by phone at 1-888-827-2884, or via fax at 1-877-OKBYFAX or 1-877-652-9329.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal at <http://dmas.kepro.com>.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering Internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com (888) 661-5657	Siemens Healthcare (HDX Division) www.hdx.com (610) 219-1600	Emdeon www.emdeon.com (877) 363-3666	Availity, LLC www.availity.com support@availity.com (800) 282-4548	Dorado Systems, LLC www.Doradosystems.com sales@doradosystems.com (856) 354-0048
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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.